Foster Family Home - Corrective Action Report

Provider ID:

1-635336

Home Name:

Maria Peretz, CNA

Review ID:

1-635336-7

91-1124 Kaimalie Street

Reviewer:

Angelica Galindo

Ewa Beach

96706 HI

Begin Date:

8/10/2018

Foster Family Home

Required Certificate

[17-1454-6]

6.(d)(1)

Comply with all applicable requirements in this chapter; and

Comment:

Home visit for a 3 person CCFFH recertification review made on 8/10/18. Corrective Action Report issued during home visit with all items due to CTA by 9/10/18.

6.(d)(1) - see applicable sections of the review

Foster Family Home

Background Checks

[17-1454-7.1]

7.1.(a)(1)

Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

Comment:

7.1.(a)(1) - eCrim lapsed for CG#1: was due on/before 3/21/2018, done on 5/29/2018.

Foster Family Home

Personnel and Staffing

[17-1454-41]

41.(b)(8)

Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

Comment:

41.(b)(8) - Blood borne pathogen training lapsed for CG#1 and CG#3: both due on/before 2/01/2018, both done on 5/20/2018.

Compliance Manager

8/10/2018 21:40 PM

Community Care Foster Family Home (CCFFH)
Written Plan of Correction for Deficiencies
Listed in Corrective Action Report
Chapter 17-1454

CCFFH Name: Maria Elisa Peretz Foster Cave Home CCFFH Address: 91-1124 Kaimalie St. Ewa Beach H1 96706

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
7.1.(4)(1)	Lapsed can't be done	8/10/18	from now one i will put a reminater on my phone and place in front of my refrigerental that it's about time to ren aw of the following such as earing. APS/CAN, Bloodborne pathogen. To clearance. prior 2 weeks before the expiration.

Primary Caregiver's Signature:	Elesa Pere	12
Print Name: Maria Elisa Peretz	Date of Signature:	8/10/2018